LONG REPORT - completed annually by: For-Profit Companies and Larger Ambulance Organizations - completed by all applicants for a General Rate Increase

06/22/2004 Formula's Excluded

#### **ACTUAL FINANCIAL DATA**

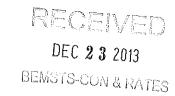
#### AMBULANCE REVENUE and COST REPORT

#### GENERAL INFORMATION and CERTIFICATION

Legal Name of Company:	SNOWFLAKE-TAYLOR AMBULAN	SNOWFLAKE-TAYLOR AMBULANCE SERVICE							
D.B.A. (Doing Business As):	TAYLOR EMS	Business Phone:	928.536.7900	_					
Financial Records Address:	411 PAPERMILL RD	City:	TAYLOR	_Zip Code: .	85939				
Mailing Address (If Different):	PO BOX 1515	City:	TAYLOR	_Zip Code: .	85939				
Owner / Manager:	TOWN OF TAYLOR/CLINT BURDEN								
Report Contact Person:	CLINT BURDEN	Business Phone:	928.536.7900	Ext.					
Report for Period From:	From: July 1, 2012	То:	June 30, 2013	-					
Method of Valuing Inventory:	LIFO: FIFO: Other (Explain):			_					
Please attach a list of all affi	liated organizations (parents/subsidiaries) that exhibit at lea	ast 5% ownership/v	resting.						
I hereby verify that I have directed	d the preparation of the enclosed annual report in accordance with the	reporting requiremen	nts of the State of Arizona	ì.					
I have read this report and hereby	v verify that the information provided is true and correct to the best of	my knowledge.							
This report has been prepared us	ing the account basis of accounting.								
Authorized Signature:	Jun Oliver			-					
Title:	DIRECTOR/CHIEF	Date:	12/20/13	-					
Mail to:	Department of Health Services Bureau of Emergency Medical Services Certificate of Necessity and Rates Section 150 North 18th Avenue, Suite 540 Phoenix, AZ 85007-3248 Telephone: (602) 364-3150 Fax: (602) 364-3567								

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AMBULANCE :	SERVICE ENTITY:	SNOWFLAKE-TAYLOR AMBULANCE SERVICE						
FOR THE PERIO	D FROM:	July 1, 2012	то:	June 30, 2013				
STATISTICAL SU	IPPORT DATA	(1) SUBSCRIPTION	(2)** TRANSPORTS	(3) TRANSPORTS	(4)			
Line No. DESC	RIPTION	SERVICE TRANSPORTS	UNDER CONTRACT	NOT UNDER CONTRACT	TOTALS			
1 Number of ALS	Billable Transports:			534_	534			
2 Number of BLS	Billable Transports:			153_	153			
3 Number of Load	led Billable Miles:	· ·		16,057	16,057			
4 Waiting Time (F	lr, & Min.):			1 hr	1 hr			
5 Canceled (Non-	Billable) Runs:			298	298 Number			
Volunteer So	ervices: (OPTIONAL)				Donated Hours			
6 Paramedic and	IEMT		*********************	-				
7 Emergency Med	lical Technician - B		***************************************					
8 Other Ambulanc	e Attendants							
9 Total Volunteer	Hours	**!********************	*******	•				



AMBULANCE SERVICE ENTITY:			SNOWFLAKE-TAYLOR AMBULANCE SERVICE					
OR TI	HE PERIOD	FROM:	July 1, 20	12 TO:	June 30, 2013			
TATE	MENT OF INCOME							
Line <u>No.</u>	DESCRIPTION		FROM					
	Operating Revenues:							
1	Ambulance Service Routine Operating R	evenue	Page 3, Line 10 & P	age 3.1, Line 10		\$	947,236	
	Less:							
2	AHCCCS Settlement		Page 3.1, Line 11	***************************************	89,168			
3	Medicare Settlement	***************************************	Page 3.1, Line 12					
4	Contractual Discounts		Page 7, Line 22					
5			= -	***************************************				
	Subscription Service Settlement		Page 8, Line 4					
6	Other (Attach Schedule)	.,	Page 3.1, Line 13					
7	Total			Sum of Lines 2 through 6	***************************************	_	273,385	
8	Net Revenue from Ambulance Runs	***************************************	****************	Line 1, minus Line 7	***************************************	P	673,851	
9	Sales of Subscription Service Contracts	************	Page 8, Line 8					
10	Total Operating Revenue		***************************************	. Line 8, plus Line 9		\$	673,851	
	Ambulance Operating Expenses:							
11	Rad Debt /includes Subscription Services Bas	( Dahi)						
12	Bad Debt (Includes Subscription Services Bac	1 Debt)	D 4 15 00	•••••••••••••••••				
13	Wages, Payroll Taxes, and Employee Benefits General and Administrative Expenses	· · · ·	Page 4, Line 22	***************************************	411,881			
14	Cost of Goods Sold	***************************************	Page 3, Line 45	*****************	47,043			
15	Other Operating Expense	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Page 5, Line 10	***************************************	04.070			
16	Interest Expense (Attach Schedule IV)		Page U, Line 20	Sumn 4 9 5	94,370			
17	Subscription Service Direct Selling	****	Page 8, Line 23	Marier 4 & 5	****			
18	Total Operating Expense	******************		Sum of Lines 11 through 17			663,469	
19	Ambulance Service Income (Loss)			•				
13	` '	***************************************	***************************************	Line 10, minus Line 18			10,382	
	Other Revenue / Expenses:							
20	Other Operating Revenue and Expense		Page 9, Line 17	***************************************				
21	Non-Operating Revenue and Expense			***************************************				
22	Non-Deductible Expenses (Attach Schedule)							
23	Total Other Revenues / Expenses	***************************************	••••••••	Sum of Lines 20 & 21				
24	Ambulance Service Income (Loss) - Before	re Income Taxe	es	Sum of Line 19, plus Line 23			-	
	Provision for Income Taxes:							
25	Federal Income Tax							
26	State Income Tax							
27	Total Income Tax	***************************************		Lines 25, plus Line 26			-	
28	Ambulance Service Net Income (Lo	ieel		Line 24 minus Hes 07			40.000	
20	dianice del 110e 116t illeville (Le	-33)	***************************************	Line 24, minus Line 27		-	10,382	
					The the section is a section			
					rkethelyei			

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#### AMBULANCE REVENUE AND COST REPORT AMBULANCE SERVICE ENTITY: SNOWFLAKE-TAYLOR AMBULANCE SERVICE FOR THE PERIOD FROM: \_\_\_\_\_July 1, 2012 TO: June 30, 2013 ROUTINE OPERATING REVENUE Line **DESCRIPTION** <u>No.</u> Ambulance Service Routine Operating Revenue: ALS Base Rate Amount Rate 1,067.76 x No. of Runs 1,093.39 x No. of Runs 517,864 Rate 1,067.76 x No. of Runs 1,093.39 x No. of Runs 2 BLS Base Rate Amount Rate 142 151,622 Rate 12.027 Mileage Rate Amount Rate 13.18 x No. of Billable Miles 14,606 192,507 Rate 13.50 x No. of Billable Miles 19,589 Waiting Charge Amount Rate 51.44 x No. of Hours 51 Rate x No. of Hours Medical Supplies (Gross Charges to patients) 5 6 **Nurses Charges** 7 Total Standby Revenue (Attach Schedule) 8 9 Other Ambulance Service Revenue (Attach Schedule) \_\_\_\_\_ 10 Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1) \$ 947,236 Cost of Goods Sold: (Medical Supplies) 11 Inventory at Beginning of Year Plus Purchases 12

Ρ	age	3

13

14

15

Plus Other Costs

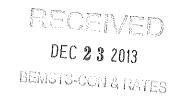
Less Inventory at End of Year

Cost of Goods Sold (To Page 2, Line 14)



HIVIDU	JLANCE SERVICE EN	IIIY:		SNOWFLAKE-TA	AYLOR AM	BULANCE SERVICE
FOR T	HE PERIOD	FROM:	July 1, 2012		o: _	June 30, 2013
ROUTI	NE OPERATING REVENU	LE Identified by subsidized	and non-subsidized pat	ients		(3)
Line <u>No.</u>	DESCRIPTION		SUBSIDIZED PATIENTS	NON- SUBSIDIZED <u>PATIENTS</u>	)	TOTALS
	AMBULANCE SERVICE OPERA	TING REVENUE				
1	ALS Base Rate	••••	\$	\$	\$	
2	BLS Base Rate		-			
3	Mileage Charge	14444-4444				
4	Waiting Charge		•			
5	Medical Supplies	(Gross Charges)				
6	Nurses' Charges	•••••	-			
7	Total		\$	_ \$	\$	19. H
8	Plus: Standby Revenue	(Attach Schedule)				
9	Other Ambulance Service Re	evenue (Attach Schedule)	***************************************	***************************************	*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	Total Ambulance Service Ro	utine Operating Revenue	(Post to Pg 2, Line	1)	s	
	Less:					
11	AHCCCS Settlement	(Post total to Pg 2, Line 2)	\$	\$89,16	8 \$	89,168
12	Medicare Settlement	(Post total to Pg 2, Line 3)				184,217
13	Subsidy	(Post total to Pg 2, Line 6)		xxxxxxx		
14	Other	(Attach Schedule)		-		
15	Total Settlements	(Post to Pg 2, Line 7)	\$	_ \$	s	273,385

Page 3.1



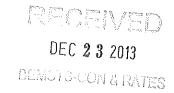
R THE PERIOD	FROM:	July 1, 2012	TO:	June 30, 2013		
AGES, PAYROLL TAX	XES, and EMP	LOYEE BENEFITS				
ne <u>DESCR</u>	<u>IPTION</u>			·	No. of *F.T.E.	AMOUNT
OFFICERS / OWNERS Gross Wages Payroll Taxes Employee Fringe Bene Total		(Attach Schedule 1, Wage Categor	•••••	······		\$
MANAGEMENT Gross Wages Payroll Taxes Employee Fringe Benel Total	fits		\$65k split between FD & E		1.0	32,50 - 17,10 49,60
AMBULANCE PERSO Gross Wages Paramedics and IEMT Emergency Medical Tec Nurses Payroll Taxes Employee Fringe Benef Total	chnician (EMT)	(Attach Schedule II, Wage Detail; I	\$\$ \$	Wages 45,000 35,000	3.0	164,28: 111,50: 
OTHER PERSONNEL Gross Wages Dispatch Mechanics Office and Clerical Other Payroll Taxes Employee Fringe Benef	its	(Attach Schedule II, Wage Detail; F	s, transports			

AMB	ULANCE SERVICE ENTITY:			SNOWFLAKE-TAYLO	R AMBULANCE		
OR 1	HE PERIOD	FROM:	July 1, 2012	то:	June 30, 2013		
SENE	RAL and ADMINISTRATIVE EXPENSES			·			
Line <u>No.</u>	<u>DESCRIPTION</u>						
	Professional Service:						
1	Legal Fees			\$	1,934		
2	Collection Fees	***************************************			34,325		
3	Accounting and Auditing	***************************************	••••••••••				
4	Data Processing Fees						
5	Other (Attach Schedule)						
6	Total	***************************************				\$	36,259
	Travel and Entertainment:						
7	Meals and Entertainment				*****		
8	Transportation - Other Company Vehicles						
9	Travel	***************************************					
10	Other (Attach Schedule)	***************************************			· · · · · · · · · · · · · · · · · · ·		
11	Total	***************************************		***************************************	*******		
	Other General and Administrative:						
12	Office Supplies				1,284		
13	Postage	***************************************			295		
14	Telephone	***************************************	***********		3,726		
15	Advertising	***************************************			· · · · · · · · · · · · · · · · · · ·		
16	Professional Liability Insurance		***************************************		4,104		
17	Dues and Subscriptions				1,375		
18	Other (Attach Schedule)						
19	Total	***************************************			•••••	***************************************	10,784
20	Total General and Administrative Expenses	(Po	ost to Page 2, Line 13)			\$	47,043



MBULANCE SERVICE ENTITY:		SNOV	VFLAKE-TAY	LOR AMBULANCE	
OR THE PERIOD	FROM: _	July 1, 2012	TO:	June 30, 2013	
THER OPERATING EXPENSES					
ine No. <u>DESCRIPTION</u>					
Depreciation and Amortization:					
Depreciation (Attach Schedule III)     Amortization		, Line 20, Col I)	\$		
3 Total	,		******	***************************************	\$
4 Rent / Lease (Attach Schedule III)	New Ambula	ince Purchase/Lease pa	yment		26,00
Building / Station Expense:					
5 Building and Cleaning Supplies 6 Utilities 7 Property Taxes 8 Property Insurance 9 Repairs and Maintenance 10 Other (Attach Schedule)				2,166 7,703 2,023	
i1 Total		•••••		•••••	11,89
Vehicle Expense - Ambulance Unit	s:				
<ul> <li>License / Registration</li> <li>Fuel</li> <li>General Vehicle Service and Maintenance</li> <li>Major Repairs</li> <li>Insurance - Service Vehicles</li> <li>Other (Attach Schedule)</li> </ul>				1,500 22,652 10,999	
8 Total					35,15
Other Expenses:					
Dispatch Control of Training Uniforms and Uniform Cleaning Meals and Travel for Ambulance personnel Maintenance Contracts Minor Equipment - Not Capitalized Ambulance Supplies - Nonchargeable Other (Attach Schedule)				2,808 2,269 16,250	
?7 Total		••••••		•	21,327
28 Total Other Operating Expenses	(Pe	ost to Page 2, Line 15)			\$ 94,370

BULANCE SERVICE	ENTITY:	SNOWFLAKE-TAYLOR AMBULANCE					
R THE PERIOD	FROM:	July 1, 2012	TO:	June 30, 2013			
	Schedule II of SALARIES / WAGES ulance Personnel, Other	<u>Personnel</u>					
e <u>Detail of Salaries /</u>	Wages - Other Than Offic	cers / Owners					
MANAGEMENT:							
Certification and / or Title		heduled Shifts Irs worked each week)	Hourly Wage	Annual Salary	\$ Per Rur or Shift		
Fire & EMS Chief	26+ hrs sp	lit c TFD		35K	<u></u>		
		mave					
AMBULANCE PERSON	WEL:				<del></del>		
FT PARAMEDICS X3	48-72 HRS		15	_48K			
FT EMT-B X3 BACK-UP CALLS	48-72 HRS		10	35K	\$25-50		
			- 114				
OTHER PERSONNEL:							
					****		



AMBULANCE	SERVICE ENTITY:	S	NOWFLAKE-TAYL	OR AMB	
FOR THE PERIO	D FROM	:July 1, 2012	то:	June 30, 2013	
BALANCE SHEE	Current audited financial	statements may be submitted in lieu of the Bala	ance Sheet		
ASSETS	6	SUBMITTING AUDITED FINANCIAL STAT			FINALIZED.
<ul><li>Inventory</li><li>Prepaid Exp</li><li>Other Currer</li></ul>	eceivable wance for Doubtful Accounts enses	picservi y	\$		\$
9 PROPERTY & 10 Less: Accu	EQUIPMENT mulated Depreciation				
11 OTHER NON C	URRENT ASSETS				-
12 TOTAL ASSET	rs				\$
LIABILITIES & I	EQUITY				
15 Current Porti 16 Deferred Sult 17 Accrued Exp 18			\$		\$
21 NOTES PAYABI 22 LONG-TERM DE 23 TOTAL LONG-	EBT OTHER				
EQUITY & OTI Paid-In Capital: 24 Common Sto 25 Paid-In Capit 26 Contributed 0 27 Retained Earning 28	ock tal in Excess of Par Value Capital				
29 30 Fund Balance			) <del>.</del>		
31 TOTAL EQUIT	Υ				
32 TOTAL LIABIL	ITIES & EQUITY				\$

# TOWN OF TAYLOR EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 12 MONTHS ENDING JUNE 30, 2013

#### GENERAL FUND

		PEF	RIOD ACTUAL	YTD ACTUAL	BUDGET	UN	EXPENDED	PCNT
	FIRE							
10-52-11	SALARIES & WAGES	(	7,033.64)	60,750.86	60,000.00	{	750.86	) 101.3
10-52-13		`	671.75	22,157.22	19,000.00	ì	3,157.22	
10-52-14			.00	1,170.73	4,000.00	`	2,829.27	29.3
10-52-15	TRAVEL TRAINING		.00	2,004.31	3,200.00		1,195.69	62.6
10-52-16	DUES AND SUBSCRIPTIONS		75.00	3,341.58	2,000.00	(	1,341.58	) 167,1
10-52-19	POSTAGE		.00	250.00	100.00	ì	150.00	•
10-52-20	OFFICE SUPPLIES		.00	1,527.57	1,000.00	(	527.57	•
10-52-21	OTHER SUPPLIES		.00	295.05	3,500.00	•	3,204.95	8.4
10-52-22	MAINTENANCE MATERIALS		161.60	4,091.44	3,000.00	(	1,091.44	) 136.4
10-52-25	EQUIPMENT MAINTENANCE		.00	5,899.03	5,000.00		899.03	-
10-52-26	VEHICLE MAINTENANCE		.00	2,131.16	5,000.00	•	2,868.84	42.6
10-52-27	GASOLINE AND OIL		.00	3,737.10	4,000.00		262.90	93.4
10-52-28	TELEPHONE		.00	1,443.26	1,500.00		56.74	96.2
10-52-29	UTILITIES		578.61	7,697.03	6,200.00	(	1,497.03	124.2
10-52-41	INSURANCE		1,741.07	6,927.44	6,000.00	(	927.44	115.5
	TOTAL FIRE	(	3,805.61)	123,423.78	123,500.00		76.22	99.9
	AMBULANCE							
10-75-11	SALARIES & WAGES		88.46	308,289.61	275,000.00	(	33,289.61	112.1
10-75-13			1,747.29	103,590.75	131,000.00		27,409.25	79.1
10-75-14			.00	2,268.65	2,500.00		231.35	90.8
	TRAVEL TRAINING		.00	2,807.65	2,500.00	(	307.65	) 112.3
	DUES AND SUBSCRIPTIONS		.00	1,374,57	4,000.00		2,625.43	34.4
	POSTAGE		.00	295.46		(		147.7
	OFFICE SUPPLIES		.00	1,284.40	2,000.00		715.60	64.2
	MAINTENANCE MATERIALS		161.60	2,165.67	1,800.00	(	365.67)	
	MEDICAL SUPPLIES		.00	16,249.63	20,000.00		3,750.37	81.3
	EQUIPMENT MAINTENANCE		.00	2,022.71	4,500.00		2,477.29	45.0
	VEHICLE MAINTENANCE		.00	10,998.79	10,000.00	(	998.79)	
	GASOLINE AND OIL		.00	22,652.23	14,000.00	(	8,652.23 )	
	TELEPHONE		.00	3,725.78	2,400.00	(	1,325.78)	
	UTILITIES		578.60	7,702.93	00.000,8		297.07	96.3
	PROFESSIONAL AND TECHNICAL	,	.00	36,258.65	42,000.00		5,741.35	86.3
10-75-41	GENERAL INSURANCE	(	1,658.25 )	4,104.39	6,500.00	,	2,395.61	63.1
	AMBULANCE LICENSE		.00	1,500.00	1,250.00	(	250.00 )	
10-75-61	AMBULANCE LEASE			26,000.00	26,000.00		.00	100.0
	TOTAL AMBULANCE		917.70	553,291.87	553,650.00		358.13	99.9
	TOTAL FUND EXPENDITURES	(	2,887.91)	676,715.65	677,150.00		434.35	99.9
	, w. r. in. 1 with mill million to Olimbo		2,001.01/	0,0,,,000	011,100.00		707.00	



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